

CERTIFICATE OF SERVICE

I, Gini L. Downing (name), certify that service of this summons and a copy of the complaint was made February 4, 2022 (date) by:

☒ Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:
TXX Transportation Services
425 Oser Avenue
Hauppauge, NY 11788

TXX Transportation Services
Attn: John Hunt, President
425 Oser Avenue
Hauppauge, NY 11788

Robert L. Pryor
Pryor & Mandelup, LLP
675 Old Country Road
Westbury, NY 11590

☒ Certified Mail Service: By sending the process by certified mail addressed to the following entities/officers/registered agents of the defendant at:
TXX Services Inc.
Attn: Patricia Dougan Hunt
425-B Oser Avenue
Hauppauge, NY 11788

TXX Services Inc.
R/A for TXX Services Inc.
Attn: Patricia Dougan Hunt
425-B Oser Avenue
Hauppauge, NY 11788

I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

Date February 4, 2022 Signature /s/ Gini L. Downing

Print Name: Gini L. Downing
Pachulski Stang Ziehl & Jones LLP
10100 Santa Monica Blvd.
13th Floor
Business Address: Los Angeles, CA 90067

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>TXX Services Inc. Attn: Patricia Dougan Hunt 425-B Oser Avenue Hauppauge, NY 11788</p>		<p>A. Signature X <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>RTY</i> <input type="checkbox"/> Agent <i>2/2/22</i> <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7017 2400 0000 3985 8220</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	